Civilian Human Resources Office Marine Corps Base, Camp S. D. Butler

Supplemental Questionnaire (Attach to each application submitted)

NAME:			SSN:					
PF	IONE:							
Announcement No: OK								
1.	1. When can you start work? (Month & Year)							
2.	What is the LOWEST pay you will accept? (you will <i>NOT</i> be considered for jobs which pay less than you indicate):							
	Pay \$	per	or Grade					
3. Are you willing to work:								
	 a) 40 hrs per week (Full-time) b) Less than 40 hours per week (Part-time c) An Intermittent job (On-call/seasonal) d) Weekends, shifts, or rotating shifts d. Are you willing to take a temporary job lasting Less than 1 year? 5. How many words per minute can you type? (Qualified typist is a speed of at least 40 words) 				No No dictation?	?		
WORK LOCATIONS: 7. At which locations are you willing to work?								
	Lester	Kadena Air Base		Cou	ırtney	White Beach		
	Foster	MCAS Futenma		Mc	Tureous	Hansen		
	Kinser	Shields		Aw	ase/Plaza	Schwab		
Si	gnature		_	Dat				

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Supplemental Questionnaire

Military Spouse and Family Member Preference

Preference is granted only **ONCE** in the commuting area of your sponsor.

Applicant Signature	Date				
Check one: I have /have not	used my Military Spouse Preference.				
Preference as stated above. You	full understanding of the conditions of Military Spouse r signature also represents self-certification that you HAVE or r declined a position during current PCS, which terminated your reference.				
Military spouses who have their for positions announced under M	own competitive career-conditional status are entitled to apply lerit Promotion procedures.				
competitively ONCE for each overtend. Military Spouse Preferen	e given preference in employment for positions that are filled verseas PCS move and is not renewable when you do a COT or nce (MSP) applies to GS-1 through GS/GM-15 (or equivalent) e same commuting area as the permanent duty station of the				
	accept or decline any offer for a full-time, part-time, or sition in the Federal Service (GS), NAF, MCCS, AAFES or if rotation date.				
Please read and sign below:					
(CHRO Staff use only	Verification of Passport/SOFA: <u>Verified by</u>				
U.S. Citizen: Yes I have current SOFA state Are you a current NAFI/A personnel action form)					
Duty Phone:	Rotation Date:				
Sponsor's Name:	Rank/Grade				
_	R OF: ry (Branch of Service): ice employee (Department or Agency):				
Date sponsor's orders issued: Date married to sponsor:	Sponsor's reporting date:				